

08-21-00

~~SAU 2778 \$~~

"Express Mail" Mailing Label No. EL69223352US

TRANSMITTAL FORM

Application Serial Number	08/820,057
Filing Date	March 18, 1997
First Named Inventor	Christopher Turner et al.
Group Art Unit	2778
Examiner Name	David Lewis
Attorney Docket No.	MLB-038, formerly 109026-0038

1C 2700 MAIL ROOM
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ENCLOSURES (check all that apply)

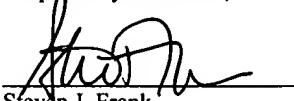
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>)
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application		

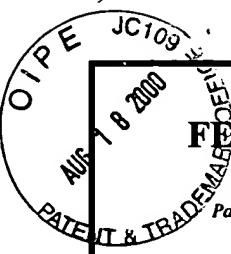
CORRESPONDENCE ADDRESS
SIGNATURE BLOCK

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Respectfully submitted,


 Steven J. Frank
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"Ex Mail" Mailing Label No. EL69231 US

FEE TRANSMITTAL

Note: Effective January 10, 2000.
Patent fees are subject to annual revision

		Complete if Known	
Application Serial Number	08/820,057		
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First Named Inventor	Christopher Turner et al.		
Group Art Unit	2778		
Examiner Name	David Lewis		
Attorney Docket No.	MLB-038, formerly 109026-0038		

METHOD OF PAYMENT		FEE CALCULATION (continued)		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity Fee (\$) Small Entity Fee (\$) Fee Description		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Room Fee Paid		
FEE CALCULATION				
1. FILING FEE				
Large Entity				
Fee (\$)	Fee Description	Fee Paid		
690	Utility filing fee	<input type="text"/>		
310	Design filing fee	<input type="text"/>		
150	Provisional filing fee	<input type="text"/>		
		Number Filed	Number Extra	
Total Claims	- 20 =	x \$ 18.00 =	<input type="text"/>	
Independent Claims	- 3 =	x \$ 78.00 =	<input type="text"/>	
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$260.00 =	<input type="text"/>	
TOTAL:				
SMALL ENTITY DISCOUNT:				
		SUBTOTAL (1) <input type="text"/> (\$)	<input type="text"/>	
2. AMENDMENT CLAIM FEES				
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total Indep.	- =	x \$ 18.00 =	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		- =	x \$ 78.00 =	<input type="text"/>
		+ \$260.00 =	<input type="text"/>	<input type="text"/>
TOTAL:				<input type="text"/> (\$)
SMALL ENTITY DISCOUNT:				<input type="text"/> (\$)
SUBTOTAL (2)				<input type="text"/> (\$)
				<input type="text"/> (\$)
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK		
Direct all correspondence to:		Respectfully submitted,  Steven J. Frank Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		